DOCUMENT RESUME

ED 338 341 PS 019 831

AUTHOR Tyree, Carolyn L.; And Others
TITLE Restructuring the Public School Curriculum To Include Parenting Education Classes.
PUB DATE Mar 91
NOTE 17p.; Paper presented at the Annual Meeting of the Southern Association on Children Under Six (Atlanta, GA, March 11-16, 1991).
PUB TYPE Speeches/Conference Papers (150) -- Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; Board of Education Role; *Curriculum Enrichment; *Early Parenthood; *Family Life Education; Higher Education; *Parenthood Education; *Parenting Skills; *Public Schools; Secondary Education; Sexuality; Teacher Education

ABSTRACT

Although the current educational climate stresses a back-to-basics approach, there is nonetheless overwhelming evidence of a need for an appropriately structured parenting education program in the public school curriculum. Reasons for this need include the large number of teenage pregnancies and abortions. These lead teens to miss high school graduation and obtain poor jobs or live on welfare. Many physiological risks are associated with early parenthood, including poor nutrition and a high likelihood of suicide. Babies of young parents are more likely than other babies to have low birth weight or to be abused by their families. Teens need to be educated about the consequences of sexual activity. Parenting education curriculum in the U.S. generally stresses family roles, community responsibilities, decision making, parenting options and readiness, life goals, and dangers of teen pregnancies. This document recommends that: (1) colleges of education implement courses that reflect the changing nature of the family; (2) state boards of education develop parenting education curricula; (3) state boards of education establish minimum standards for parenting education teachers; and (4) public schools cooperate with state agencies concerned with parenting. Nineteen references are appended. (SAK)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED338341

Restructuring the Public School Curriculum to Include Parenting Education Classes

Carolyn L. Tyree, Ph.D.
Assistant Professor of Elementary Education
Department of Elementary/Early Childhood Education
Arkansas State University
State University, Arkansas 72467

Mildred B. Vance, Ed.D.
Professor of Education
Department of Elementary/Early Childhood Education
Arkansas State University
State University, Arkansas 72467

Beverly M. Boals, Ed.D.
Professor of Early Childhood Education
Chair, Department of Elementary Education
Arkansas State University
State University, Arkansas 72467

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Carolyn Tyree
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 019831

Running Head: Parenting Education Classes

BEST COPY AVAILABLE

Abstract

There is an urgent need for introducing a parenting education curriculum in the public schools and including parenting education class or classes for those planning to teach in public schools. The approach is based on the premise that such courses would benefit society in measurable, as well as immeasurable ways.

In the past decade, there has been a phenomenal rise in the number of teenage pregnancies, accompanied by all the educational, economic, and social problems inherent in such situations. It is vital therefore, that institutions involved with training teachers, become aware of the need for parenting education courses in the public schools and for prospective teachers.

It might be difficult to convince school boards and administrators to add another program to the public school curriculum. However, it is the premise of this article that in the face of all obstacles, classes in parenting education are not only desirable but obligatory for the welfare of society.

In the present educational climate with critics clamoring for a back to basics curriculum and the public's unwillingness in many instances to fund higher taxes for education, it may seem an inopportune time to propose an additional course for the public school curriculum. Administrators and school board members, faced with the dilemma of finding time in the school day to include mandated curses, are also placed in the position of satisfying the public's demands for tougher educational standards and more evaluations and advanced courses. Nevertheless, in the face of those seemingly unsurmountable odds, there appears to be overwhelming evidence of the need for an appropriately structured course/program in parenting to be added to the public school curriculum. It is a fact that perhaps the majority of graduates may never utilize some of the learning acquired in school, but it also is a fact that most graduates eventually will become parents with absolutely no previous training in probably their most important work - parenting.

Within the scope of this paper we will discuss, therefore, the reasons for implementing such a course in parenting along with practical procedures for putting it in place in the curriculum.

In the past decade, according to a recent bulletin from SIECUS (Sex information and Education Council of the U.S.),[1] premarital sex among teenage girls has risen from 30% to 50% in America's cities. As a result of this increased sexual activity, each year 1.2 million teenagers face pregnancy, account for 46% of out-of-wedlock births, and have 31% of all abortions.[2] Sexual activity by teenagers increased by two-thirds during the 1970's and 1980's. Twelve million teenagers were sexually active. The average teen becomes sexually active at age 16. Eighteen percent of boys and six percent of girls aged 13-14, and nearly half of 15-17-year-old-males and one-third of females have had sexual experiences.[3]

One-fifth of teenage pregnancies occur in the first month of sexual activity and one-half of the pregnancies occur in the first six months of activity.[4] Of these teenagers, 600,000 will carry their pregnancy to term. At the present time one child out of six is born to teen parents and the overwhelming majority, 96%, keep their babies. Young teenage mothers have 50% more births than those who begin parenthood later, and their children are more likely to become teen parents themselves. Only 56% of teen parents eventually married. Thus, not only were these parents

teenagers, but they were also compounding problems for themselves.[5]

Research has shown that only six in 10 teen parents will have a high school diploma, compared with 9-10 of their peers who delayed parenthood. Many teen parents cannot compete for permanent jobs that pay decent wages. Seven out of ten teenage mothers receive welfare assistance. Sixty percent of all AFDC recipients had their first child as a teen.[6] Joblessness, welfare, dependency and want are unfortunate results of this situation. Also, an unstable marriage relationship and serious financial problems are likely to result.

Physiological risks or medical risks occur in teenage mothers before their own growth has been completed. Poor eating habits generally result in nutritional deficiencies. According to the Illinois Commission on Children,[7] health risks include: (a) greater likelihood of anemia; (b) higher incidence of toxemia, which in its most serious forms may result in high blood pressure, seizures, and sometimes death; and, (c) greater likelihood of prolonged labor which multiplies hazards to both mother and child. Also, these physiological risks are accompanied by psychological and emotional hazards. Thus, girls who become pregnant before 18 years of age fall into a very high risk group, educationally,

medically, socially, and economically, if appropriate services are not available.[8]

Bernard Braen, psychologist, reports that the combination of repeat pregnancies, unstable family life, negative societal attitudes, and welfare dependency makes it easier to understand why nine percent of teenage mothers attempt suicide, seven times the national percentage for teenage girls without children.[9]

Young fathers are unprepared emotionally and economically for new responsibilities. Thirty percent of teenage boys who become parents do not complete high school.[10] They bear enormous stress and anxiety and frequently abandon their infants. Ironically, in order to prove manliness to their friends, many who run away from the responsibility of a family go on to father still more babies. In general, teenage fathers have lower income, less education and more children than do men who postpone having children until their twenties. More than a quarter million, or one of every 12 children, are born with physical and mental damage in the U.S. each year. Mothers, aged 17 and younger, are two times more likely to have babies with low birth weight than those aged 20-24 and these low birthweight babies are 40 times more likely to die in the first four weeks of life than are normal weight newborns.[12] Among all teenagers, infant health problems are about 39 percent

higher. If mental and physical damage is not diagnosed and treated immediately after birth or during the first year of life, health and well-being may be affected in later years. Appropriate nutrition for expectant mothers, care in the use of medicines, drugs, alcohol, tobacco, and protection from diseases, radiation, and harmful chemicals can greatly reduce numbers of birth defects in infants.

Another are of concern for children of teenage parents is child abuse. Neglect, emotional disturbance and learning problems appear when the children reach school age. In child abuse the cause is not always poverty or psychological dysfunction of the parent, but rather their lack of knowledge and frustration. The National Committee for Prevention of Child Abuse through telephone surveys of all 50 states found that 45 states were experiencing an increase in child abuse and more severe cases appeared in 33 states. Also, the fact that the amount of reported sexual abuse has increased dramatically was found to be the overwhelming experience. Every year 50,000 children die at the hands of their parents. By age 18 one in four girls and one in 10 boys will have experienced some form of sexual abuse, mostly by parents, relatives, and friends of the family.

The interrupted schooling, joblessness, blighted marriages and blighted lives is estimated by some researchers to result in a tax bill of 4.7 billion a year in welfare payments alone. This is the price that citizens pay for denying our teenagers accurate unbiased information about sex and responsible parenthood.[13]

The social ramifications of teenage pregnancies are many. The traditional family is changing. At present we are experiencing more single-parent families, more working mothers, and different family structuring. The nuclear family concept is disappearing. These changes are making for more stressful and problematical living for prospective teenage parents.[14]

Eight out of 10 parents indicate that they want their children to know about human sexuality, the importance of responsible family relationships, and the extended risks that parenthood brings. There are no simple solutions. Family, peers, cultural, and religious backgrounds influence the behavior of these teenagers or prospective parents and aspects of the behavior will reflect these value systems. Except for family influence, the schools are most likely to reach young people and their families during the years when young people are establishing lifestyle habits.[15]

To reduce teenage pregnancies, teenagers must be educated to the consequences of sexual activity. However, being informed is only one of the steps toward appropriate behavior. Education must be followed by confidential, qualified counseling. Educators have a responsibility to find solutions which will affect the complicated reasons for and the consequences of early sexual behavior that result in teenage pregnancies and births or for helping all young people develop healthful behavior and responsibility for their own health and that of their children.

Goals and Objectives

The Illinois Commission on Children's Parenting Education Committee developed a definition of parenting education which is representative of those found in many other state curriculum guides. It states:

> Parenting Education is the process of providing knowledge and skills--such as: communicating with others, nurturing, developing self-esteem; and understanding the physical, mental, emotional, social, economic, and psychological aspect of interpersonal relationships that would enable individuals to effectively assume roles and responsibilities.

In a recent survey of the status of Parenting Education in the United States, 29 states reported offering Parenting Education

which is incorporated in Home Economics, Health Education, Social Science, Biological Science or specific Parenting Education courses. In three states Parenting Education is mandated and three other states offer Parenting Education to the parents of the students attending its school, a unique innovation designed to better parent/child relationships. In four states there is no statewide Parenting Education curriculum but the decision to offer the course is left to the discretion of the local school districts.

Eight states do not have a Parenting Education curriculum. California has evaluated their Parenting Education and found it to be successful and Michigan has an alternative school for pregnant students. In response to some ineffective knowledge-based programs, the Henry W. Grady Memorial Hospital in Atlanta, in 1983, implemented a family planning based outreach program for eighth graders in a local school system. The program is led by older teenagers and focuses on helping students resist peer and social pressures to be sexually active.[16] One-third (64 of the 186 Georgia School Systems are using this program.[17]

Puffert[18] stressed that a program in parenting should deal with vocational and family life education, supportive family relationships, emotional needs, health and family planning and the

availability of social services and crisis counseling. These topics generally were found to be the chief ones in curriculum guides.

Implementation

As identified in the summary of the status of parenting education in the various states, there emerged a variety of methods of implementation of education in parenting. One method is by mandate so that all public school students, from K-12 or some other arbitrarily set time span, would be trained in parenting skills. However, there seems to be universal acceptance that the curriculum should be developed by experts in the field and exhibit progression from getting along with others in the lower grades to the ultimate goal of seriously considering the implications of parenthood by the end of a high school career.

Parenting education may be taught in an interdisciplinary approach or through a separate course. At the present time, the first alternative is utilized more frequently.

Of prime importance in implementing Parenting Education, the preparation of the instructors needs to be thought out very carefully. Certification requirements should be explicit for high school teachers of family life and elementary school teachers would need at the minimum at least one course in family life.

Each state needs to design a Parenting Education curriculum to insure that all the students, male and female, are trained in parenting skills as well as family roles, community responsibilities, decision making, parenting options and readiness, life goals, dangers of teenage pregnancies, birth defects, etc.[19]

Recommendations

In view of the magnitude of the problems facing our society in all areas of family life, the following recommendations are suggested.

1. Colleges of Education need to become aware of the problems facing a changing society and therefore implement courses to reflect these changes. An increased awareness among the future teachers about changing lifestyles exhibited in high school students today needs to be stressed also. Many problems of early parenting can be solved but only as people become aware of how education can help young people become informed of their options.

2. State Boards of Education, in conjunction with committees of parents and teachers, need to develop a Parenting Education curriculum. Numerous guides are in existence but they need to be studied, explained and then implemented.

3. State Boards of Education need to establish minimum standards for teachers of Parenting Education classes.

4. Public schools should cooperate with other state agencies dealing with parenting, such as Public Health, Child Abuse, Public Aid, Children and Family Services, Mental Health, and Drug Abuse. Also other organizations and institutions may be used, such as churches, hospitals, child care centers, PTA, Libraries, etc.

These recommendations are made with the hope that the implementation of parenting education courses and related training for teaching personnel will be implemented in the near future. In order for this proposal to be successful, those directly involved with the restructuring of the public school curriculum to include parenting education, must value and support this concept.

References

1. SIECUS (Sex Information and Education Council for the U.S.), 1983: 2.

2. Division of Children and Family Services and United Public Health Service Report, Washington, D. C.: October, 1986:1.

3. Ibid:2.

4. Zeyen, D. Educator's challenge: healthy others, healthy babies, a framework for curriculum development in responsible childbearing, preschool through high school. (ERIC Clearing house for Teacher Education, ED 210-255), 1981.

5. Illinois Commission on Children. Report of the Committee for Parenting Education in Illinois, 1983: 1-3.

6. Division of Children and Family Services and United Public Health Service Report: Washington, D. C.: October, 1986:1.

7. A Vision of American Future. An Agenda for the 1990's: A Children's Defense Budget. Children's Defense Fund: Library of Congress, 1989: 90-94

8. Adolescent Pregnancy in the South: Breaking the Cycle. Report published by the Southern Governor's Association and Southern Legislative Conference: Altanta, 1989: 8-10.

9. Braen, B. How To Help Children Become Better Parents. National Parents and Teachers Association National Foundation. Sponsored by the March of Dimes, 1983: 6.

10. Division of Children and Family Services and United Public Health Service Report: Washington, D.C.: October, 1986: 1

11. Adolescent Pregnancy in the South: Breaking the Cycle. Report published by the Southern Governor's Association and Southern Legislative Conference: Altanta, 1989: 8-10.

12. National Commission to Prevent Infant Mortality. Fact Sheet, Washington, D.C., 1989.

13. A Vision of American Future. An Agenda for the 1990's: A Children's Defense Budget. Children's Defense Fund: Library of Congress, 1989: 90-92.

14. Ibid: 93.

15. Illinois Commission on Children. Report of the Committee for Parenting Education in Illinois, 1983: 4-5.

16. Howard, Marion and Judith Blamey McCube. "Helping Teenagers Postpone Sexual Involvement." Family Planning Perspectives, April, 1988: 230.

17. Collomb, Kathleen and Marion Howard. "Georgia Schools Help Teens Postpone Sexual Involvement." Journal of Medical Association of Georgia, April, 1988: 230.

18. Puffert, M. Teenage Parents: A Program for Intervention. (ERIC Clearninghouse for Counseling and Personnel Service, ED 205-854), 1979.

19. Johnson, K. Alabama Guide for Teachers. Alabama State Department of Education: Montgomery, Alabama. (ERIC Clearinghouse for Adult, Career, and Vocational Education, ED 210-461), 1981.